

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)		Raymond Burke				
II. Name of lobb	yist's partners	hip, firm or co	rporation, if any:			
Ne	w Hampshire	e Legal Assist	ance			
		rship, firm or corp		···		
11	7 North State	e Street	Concor	d	NH	03301
Business Address: (Street)			(Town/City)	(Sta	ite)	(Zip Code)
(603) 224-4	1107	(603)	224-2053	e-mail	e-mail rburke@nhla.org	
(Telepho	one)		(Fax)			
reportable exper	ise transaction	s which are no	separate reports for of tattributable to any of the nonths prior to the rep	one client).		e a separate report for lowing client:
	(Full Nan	ne of Client as it a	ppears on the Lobbyist F	Registration For	m)	<u></u>
<u>OR</u>					1 1 1 1	V.4. 111
LX All reportable unrelated to any p	-	-	cluding the lobbyist's	family), or th	e lobbying firm	a listed below which are
IV. Date of Repo	•	5, 2017 \Box te of registration	to 3/31/17 activ	July 26, 2017 ☐ activity from 4/1/17 to 6/30/17		•
		25, 2017 🕅 m 7/1/17 to 9/30/	17 acti	January 31, vity from 10/1/		
V. There have If this box is chec Concord, NH 033	ked, complete j	received and i	no reportable trans d submit it to the Secre	actions mad etary of State	le since the la s Office, State	ist report. □ House, Room 204,
VI. Check if add	litional reports	are attached:				
4	-		ires, you must file Ado	lendum A– F	ees and Expens	ses
Expense Reimbur	rsement		ed expenses, you must			
☐ If you, your f	firm, or your fai	mily has made p	political contributions,	you must file	Addendum C	– Political Contributions
Sworn Statemen I have read RSA and complete to to (Signature of lot	15, RSA 15-B, the best of my k	RSA 14-C and	RSA 664 and hereby solief.	,	,	oing information is true
Ramond B (Print Name of l						NOV 7 3 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Raymond Burke						
II. Name of lobbyist's partnership, firm or corporation, if any:							
Ne	w Hampshire Legal Assistance						
(Name of partne	ership, firm or corporation)						
III. Name of Client	N/A	Date					
to lobbying, including fees for	all fees received from the client identified all r services such as public advocacy, governing g legislation, and related legal work. Th	ment relations, o	r public relations serv				
a) Total of all fees received in	this reporting period	a) \$	0				
	his calendar year, prior to this reporting peri al of all prior monthly reports for this calend		0				
c) Total of all fees received to (Add lines a and b)	o date	c) \$	0				
d) Indicate the amount of any yet been paid	such fees that are due, but have not	d) \$	0				
fees. Separate reports are to the lobbyist(s)/firm that are a Expenses are to be reported during the reporting period for individual expenses where the lunch where the cost was \$25 being lobbied, purchase of a control (c) an itemized statement of early purpose not covered by ceremonial object to be given restaurant expenses for a leg	ships, firms, or corporations are required to be filed for expenditures made relative to expended to any one client a separate repin one of three categories of expenses: (a president of salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for expenditure was of a pen with a value performed to be performed to a person being leach individual expenditure made during this (a) (for example: purchase of a meal with a to the subject of lobbying with a value go islative reception). Expenses for honorary on separate addendums and should not be received.	ach client and if fort may be filed a) the aggregate ce expenses; (b) ample: meals put of less than \$10 obbied with a value of greate value of greate treater than \$25, itums, expense re	expenditures are made I for the lobbyist(s)/f total of all expenses; the aggregate total of rchased during a busing that is given to the per- lue of \$25.00 or less); of greater than \$25.00 or than \$25, purchase but not greater than sembursement, or poli-				
a) Total aggregate expenses f support staff, and office exper	or this reporting period for salaries, benefits uses, related directly or indirectly to lobbyin	s, g. a)\$	85.15				
b) Total aggregate of expending a), of \$25 or less.	rted b) \$	0					
c) Total of all itemized expen	ditures reported in detail in section VI.	c) \$	U				

d) Total expenses for this reporting period	d) \$	85.15
(Add lines a, b and c)	u)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	n/a
f) Total of all expenses year to date	f) \$	85.15
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees d	luring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the for	regoing information
(Signature of lobbyist)		7/7- ate)
Raymond Burke		
(Print Name of lobbyist)		